

1996 III 020 007

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES  
DIVISION OF HEALTH SYSTEMS REGULATION

In re: Charlotte Ann Swank

Lic# 047965

PRELICENSURE CONSENT ORDER

WHEREAS, Charlotte Ann Swank of Norwich, Connecticut (hereinafter "respondent") has applied for licensure to practice as a hairdresser by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued her a license to practice as a hairdresser under Connecticut General Statute Chapter 387.
2. For approximately six (6) months, from June of 1995 through December of 1995 respondent engaged in the unlicensed practice of hairdressing without a Connecticut license.
3. By engaging in unlicensed practice, respondent committed an act that constitutes grounds for the denial of her application for licensure pursuant to Section 19a-14 of the Connecticut General Statutes.

NOW THEREFORE, pursuant to Section 19a-14 of the Connecticut General Statutes,

respondent hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of her application for licensure,
2. That after satisfying the requirements for licensure as a hairdresser as set forth in Chapter 387 of the Connecticut General Statutes, respondent's license to practice as a hairdresser will be issued.
3. That she shall pay a civil penalty of fifty (\$50.00) dollars by certified or cashier's check payable to "Treasurer, State of Connecticut.: Said civil penalty shall be payable at the time respondent submits the executed Prelicensure Consent Order to the Department.
4. That respondent shall comply with all state and federal statutes and regulations applicable to her license.
5. That respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
6. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
7. That she understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers, and Cosmeticians in which her compliance with Section 20-263 of the Connecticut General Statutes, as amended, is at issue.

8. That this Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the Connecticut General Statutes, provided that this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or the United States.
9. That this Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
10. That this Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
11. That she understands this Prelicensure Consent Order is a matter of public record.
12. That she understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

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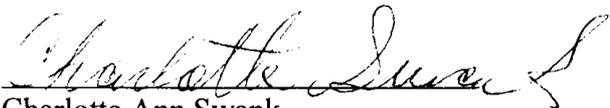
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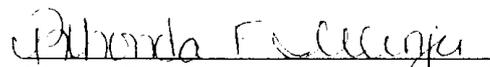
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I, Charlotte Ann Swank have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

  
Charlotte Ann Swank

Subscribed and sworn to before me this 1<sup>st</sup> day of OCTOBER 1996.

  
Notary Public or person authorized by  
law to administer an oath or affirmation

My Commission Expires: 10/31/97

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commission of the Department of Public Health on the 4<sup>th</sup> day of November 1996, it is hereby ordered and accepted.

  
Cynthia Denne, Director  
Division of Health Systems Regulation



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED  
Z 015 243 519

November 8, 1996

Charlotte Swank  
9 Clairmont Avenue  
Norwich, Connecticut 06360

Dear Ms. Swank:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for licensure as a hairdresser/cosmetician in the State of Connecticut.

Connecticut license number 047965 has been issued to you, effective the date of this letter. You are eligible to begin the practice hairdressing/cosmetology as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being issued. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, in writing of any future changes of name and/or address. Such notification to the Department is required by law, and failure to provide same will jeopardize the status of your license.



Phone: (860) 509-7569  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12 APP  
P.O. Box 340308 Hartford, CT 06134  
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November 8, 1996  
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Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in a timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7569.

Sincerely,



Debra L. Johnson  
Health Program Associate  
Applications and Examinations

cc: Debra Tomassone, HSS,L&R  
Kay Zarrella, SNC  
Stanley Peck, Director, Legal Office

Petition Number 96III-020-007